

**Alabama SADD State Conference Chapter Registration Form**  
**February 12<sup>th</sup> and March 12<sup>th</sup>**

**Please return this form with payment by January 1, 2011**

**Name of school** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Advisor/s** \_\_\_\_\_

**Advisor's home phone and cell** \_\_\_\_\_

**Please select the conference that you plan to attend.**

€ Dothan-February 12, 2011

€ Gadsden- March 12, 2011

**Please indicate advisor/s by (A) bus driver (BD) Parent (P) by name in listing below.**  
**(Please type or print clearly and make additional copies if necessary)**

Name	T-shirt size
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

**Please remit \$10.00 for each name above with this registration form.**

Dothan SADD Conference  
Dothan High School SADD Chapter  
Attention: Chris Payne  
Dothan High School  
1236 South Oates St  
Dothan, AL 36301

Gadsden SADD Conference  
SADD CEDMHC  
Attention: Ava Gregory  
CED Mental Heath Center  
425 5<sup>th</sup> Ave NW  
Attalla, AL 35954